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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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BUREAU OF CORPORATIONS
INFORMATION SERVICES

**REGISTERED AGENT CHANGE
ODYSSEY HEALTHCARE MANAGEMENT, LP**

Certificate of Status	0
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Page Count	02
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15 FEB 20 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

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**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. ODYSSEY HEALTHCARE MANAGEMENT, LP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 05/01/2008 3. B08000000098
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

Name

155 OFFICE PLAZA DRIVE, 1ST FLOOR

Address

TALLAHASSEE, FL 32301

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

C T Corporation System

Name

1200 South Pine Island Road

Florida street address (P.O. Box not acceptable)

Plantation, FL 33324

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Signature of General Partner

JENNIFER Kurz, Authorized Person,

Odyssey Healthcare GP, LLC its General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature of Registered Agent

Alfred Younan
Assistant Secretary

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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